## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

H00-01

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			26				Г	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ε	ASIC FEE		OB	BASIC FEE		
TC	TAL CHARGE	ABLE CLAIMS	26 minus 20=		* 6		T	X\$ 9=	-11		X\$18=		
INE	EPENDENT (	2 minus 3 =		* \$		-  -		54	OR				
M	MULTIPLE DEPENDENT CLAIM PRESENT						ŀ	X42=		OR	X84=		
* If the difference in column 1 is less than Taxa							L	+140=	*.	OR	+280=		
* If the difference in column 1 is less than zero, enter "0"						column 2		TOTAL	429	OR	TOTAL		
	(	(Column 1)	AMENDE	MENDED - PART (Colum		n 2) .(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDV	Total:	*	Minus	**		8		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRES	ENTATION OF M	ULTIPLE D	EPENDENT	CLAIM			+140=			+280=		
							L	TOTAL		OR	TOTAL		
		de la					AE	DIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)			,				
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	. ***		=		X42=			X84=		
4	FIRST PRES	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		-	7,422	i e	OR	704=		
				•			L	+140=		OR	+280=		
							ΑĎ	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	d ment day (	
		(Column 1)	4	(Colum		(Column 3)							
AMENDMENT C		CLAMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER UŞLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Í	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		2	-	X42=					
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM		-	A42=		OR	X84=		
* #	the entry is sele	imp i je lese ihen il	o onto the co	home a di comb	<b>505</b> 1c - 1		+	140=		OR	+280=		
***	the "Highest Nu	mn 1 is less than the mber Previously Pa	id For tN Th	ALS SPACE is	less that	" 00" anter "20 "	ADI	TOTAL DIT. FEE		OR ,	TOTAL ODIT, FEE		
	he "Highest Nur	imber Previously Pa inber Previously Pai	ed For Closal	ns space is or Independe	ress than nt) is the	n 3, enter "3." highest number		_	opriale box				